

# Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

This is a required document per [144G.40 Subd. 2 \(www.revisor.mn.gov/statutes/cite/144G.40\)](http://www.revisor.mn.gov/statutes/cite/144G.40) of all assisted living facilities to describe the services, supports, and amenities available at the assisted living facility. Prospective residents and their families can use this tool to determine if the assisted living facility can meet their needs, allow them to compare options among various settings, and make informed decisions about selecting an assisted living facility setting. The information presented here may be important for a resident’s ability to age in place. Assisted living facilities are not required to provide all the services listed, and available services are subject to change. The facility will indicate which services are provided and any limitations that may pertain to the service.

You are also encouraged to tour facilities, talk with other residents, residents’ family members, or meet one-on-one with facility staff during the selection process. The disclosure checklist is not a substitute for the assisted living contract, which is a separate document that will include the specific services to be provided to the individual resident and the fees per services.

## General Information

This information is current as of (MM/DD/YYYY): 04/30/2026

Name of Assisted Living: Charter House

HFID: 30329

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 211 2nd St NW, Rochester, MN 55901

If services are provided at more than one building (on the assisted living campus), please list all locations below.

No additional buildings

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Facility/Campus listed above has the following license; Check one:

- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

- Unlicensed staff are in the building and available to respond to resident requests 24/7
- Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in *addition* to an RN who is required to be accessible to the staff 24/7); check one if applicable:

- Licensed staff are on site 24/7
- Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: 11

Evening Shift: 11

Night shift: 6

## Payment Options

The facility will indicate by placing an “X” in the “Accepted” column if the payment option is accepted (may check more than one). The facility may indicate in the “Comments” column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds as well as the number of months required.

### Payment Options for Housing Contract

Payment Option	Accepted	Comments
Private Pay	X	
Sliding Scale		
Housing Support (formerly Minnesota Group Residential Housing) Payments		
Federal rent subsidy		
Other; explain:		

### Payment Options for Services

Payment Option	Accepted	Comments
Waivered Services (EW, CADI, BI); specify any limitations		
Private Pay	X	
Long Term Care Insurance	X	Per individual policy holder
Other; explain:		

### Services and Amenities Available

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

#### Section 1: Dementia Care

Pertains only to facilities with an **Assisted Living with Dementia Care** license

Check each service available at the location(s) listed above.

#### Dementia Care Services Available

Service	Available	Comments
Secured unit or building for wandering or exit-seeking behavior		
Secured outdoor grounds on facility premises		
Individualized digital/alarm monitoring for wandering or exit-seeking behavior		
Prepared to manage challenging behaviors		Additional fee for Individualized Health Services
Other; specify:		

## Section 2: Medication Management

Check each service available at the location(s) listed above.

### Medication Management Services Available

Service	Available	Comments
Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments	X	Additional fee for Individualized Health Services
Communication with physician/pharmacy about ordering or refill requests	X	Additional fee for Individualized Health Services
Medication administration by licensed or unlicensed personnel	X	Additional fee for Individualized Health Services
Delivery of medication to resident previously set up by the facility nurse	X	Additional fee for Individualized Health Services
Medications set up by nurse for resident to self-administer	X	Additional fee for Individualized Health Services
Delivery of medication from the original containers to resident	X	Additional fee for Individualized Health Services
Delivery of liquid or food to resident if required to ingest medication	X	Additional fee for Individualized Health Services
Delegation of medication management services by licensed health professional to unlicensed staff	X	Additional fee for Individualized Health Services
Central storage of medication	X	Additional fee for Individualized Health Services
Diabetic Care: insulin pen dosing	X	Additional fee for Individualized Health Services dependent on assessment
Diabetic Care: insulin pump management		
Diabetic Care: insulin syringe dosing		
Diabetic Care: sliding scale insulin management	X	Catered Living and Enhanced Living only
Clinical monitoring of labs related to medications		
Anticoagulant medication management	X	Additional fee for Individualized Health Services
B-12 injections	X	Additional fee for Individualized Health Services

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Service	Available	Comments
Nutritional supplement administration	X	Oral supplements, Additional fee for Individualized Health Services
(IV) Intravenous management		
PICC lines (Peripherally Inserted Central Catheter)		
Injections; specify types or limits in comments (IM, SQ)	X	Additional fee for Individualized Health Services
Nebulizers	X	Additional fee for Individualized Health Services
Inhalers	X	Additional fee for Individualized Health Services
Ear drops	X	Additional fee for Individualized Health Services
Eye drops	X	Additional fee for Individualized Health Services
Topicals	X	Additional fee for Individualized Health Services
Patches	X	Additional fee for Individualized Health Services
Medication delivery via enteral (feeding) tube		
Pain pump management		
Medical cannabis administration (pill form) for certified patients		
Medical Cannabis storage for certified patients		
Cannabidiol oil administration for certified patients		
Other; specify:		

### Section 3: Treatments & Therapies

Check each service available at the location(s) listed above.

#### Treatments & Therapies Available

Service	Available	Comments
Verbal or visual reminders to perform regularly scheduled treatments or exercises	X	Additional fee for Individualized Health Services
Wound care: basic	X	Additional fee for Individualized Health Services
Wound care: complex	X	Additional fee for Individualized Health Services
Diabetic care: blood glucose monitoring	X	Additional fee for Individualized Health Services
Diabetic care: foot/nail care	X	Additional fee for Individualized Health Services
C-PAP	X	Additional fee for Individualized Health Services
Bi-PAP	X	Additional fee for Individualized Health Services
Oxygen Management; specify any delivery system limitations	X	Additional fee for Individualized Health Services
Oxygen saturation checks	X	Additional fee for Individualized Health Services
Ventilators		
Suctioning		
Tracheostomy Care: cleaning of site and tube		
Tracheostomy Care: showering assistance		
Tracheostomy Care: suctioning assistance		
Pacemaker Checks	X	Additional fee for Individualized Health Services
Arrange for On-Site Dialysis		
Arrange for/set-up Off-Site Dialysis	X	Additional fee for Individualized Health Services

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Service	Available	Comments
Peritoneal Dialysis (on-site)		
Compression stockings	X	Additional fee for Individualized Health Services
Lymphedema wraps	X	Additional fee for Individualized Health Services
Fall Prevention: balance assessments	X	Additional fee for personal training specialist or physical therapy may apply
Fall Prevention: exercise programs	X	Additional fee for personal training specialist or physical therapy may apply
Fall Prevention: strength training	X	Additional fee for personal training specialist or physical therapy may apply
Integrative Health Services: acupuncture		
Integrative Health Services: aromatherapy	X	Additional fee may apply
Integrative Health Services: healing touch	X	Additional fee may apply
Integrative Health Services: massage	X	Additional fee applies
Blood pressure checks	X	Additional fee for Individualized Health Services may apply
Daily weight check	X	Additional fee for Individualized Health Services
Indwelling urinary catheter care; emptying and bag changes	X	Additional fee for Individualized Health Services
Indwelling urinary catheter replacement by nurse		
Straight (intermittent) catheter assistance	X	Additional fee for Individualized Health Services
Suprapubic catheter care	X	Additional fee for Individualized Health Services dependent on individual assessment
Ostomy care	X	Additional fee for Individualized Health Services
Arrangements for and coordination with hospice care	X	Additional fee for Individualized Health Services
End-of-life palliative care	X	

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Service	Available	Comments
Access to and training on use of automatic electronic defibrillators (AED)	X	
Training of and use of Cardiopulmonary Resuscitation (CPR)	X	RN, LPN, Fitness Center employees only
Other; specify:		

### Section 4: Assistance with Activities of Daily Living

Check each service available at the location(s) listed above.

#### Assistance with Daily Living Activities Available

Service	Available	Comments
Dressing	X	Additional fee for Individualized Health Services
Bathing: shower	X	Additional fee for Individualized Health Services
Bathing: bathtub	X	Additional fee for Individualized Health Services
Oral hygiene	X	Additional fee for Individualized Health Services
Denture care	X	Additional fee for Individualized Health Services
Cuing/reminders for self-cares	X	Additional fee for Individualized Health Services
Use of special utensils	X	
Feeding assistance for residents with complicated eating problems	X	Catered Living and Enhanced Living
Set-up and cut food at meals	X	Catered Living and Enhanced Living
Manual Feeding; specify limits in comments	X	Catered Living and Enhanced Living
Tube Feeding; specify limits in comments		
Feeding in common area with one staff member per resident		

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Service	Available	Comments
Feeding in resident's apartment with one staff member per resident		
Grooming: hair care, make-up, shaving, application of lotion, etc.	X	Additional fee for Individualized Health Services
Nail care: toenails, fingernails	X	Additional fee for Individualized Health Services
Toileting: standby assistance/supervision	X	Additional fee for Individualized Health Services
Changing incontinence products; perineal care	X	Additional fee for Individualized Health Services
Ordering replacement incontinence products	X	Additional fee for Individualized Health Services
Assistance with bowel and bladder control, devices, and training programs	X	Additional fee for Individualized Health Services
Other; specify:		

## Section 5: Mobility Support

Check each service available at the location(s) listed above.

### Mobility Services Available

Service	Available	Comments
Standby Assistance	X	Additional fee for Individualized Health Services
Transfers with assist of one staff	X	Additional fee for Individualized Health Services
Transfers with assist of two staff	X	Catered Living and Enhanced Living
Transfers utilizing sit-to-stand lifts	X	Enhanced Living
Transfers utilizing sliding boards		
Transfers utilizing bariatric equipment		
Ceiling lift transfers	X	Enhanced Living

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Service	Available	Comments
Non-mechanical transfers (trapeze)		
Mechanical lift: assist of 1 transfer		
Mechanical lift: assist of 2 transfer	X	Enhanced Living
Ambulation with assist of 1	X	Additional fee for Individualized Health Services
Bed mobility	X	Catered Living and Enhanced Living
Assistance with chair mobility	X	Catered Living and Enhanced Living
Chair Glide System	X	Emergency Evacuation
Mechanical Stair Lift System	X	Emergency Evacuation
Handrails; in personal space	X	
Elevators	X	
Other; specify:		

## Section 6: Security & Monitoring

Check each service/option available at the location(s) listed above.

### Security and Monitoring Services

Service	Available	Comments
Every 15-minutes safety checks		
Every 30-minutes safety checks		
Hourly safety checks		
Every two-hours safety checks	X	Enhanced Living and Catered Living

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Service	Available	Comments
Daily safety checks	X	Additional fee for Individualized Health Services
Emergency call system; specify type in comments	X	Pull cords in bathroom and bedroom, wearable call pendants in Enhanced Living and Catered Living
Non-emergency call system; specify type in comments		
Digital wander alert device on resident		
Wander alert system at facility exits	X	At select exits
Staff monitoring at facility exits; specify method in comments		
Visitor check-in/check-out at facility main entrance		
Bed alarms or movement sensing technology		
Door sensors: specify locations (unit, resident room, exits, etc.)		
Security Guard	X	Mayo Clinic Security provides rounding and on-call support through shared services.
Security cameras in common spaces	X	
Key card/fob access: specify locations (unit, resident room, exits, etc.)	X	Access card for select building entrances and skyway entrance
Other lock systems: specify locations (unit, resident room, exits, etc.)	X	Assisted Living Apartment Tower (High Rise); locks upon request in Catered Living and Enhanced Living
Emergency generator(s) to power the facility during power outages	X	
Other; specify:		

## Section 7: Dining and Nutrition

Check each service/option available at the location(s) listed above.

### Dining and Nutrition Services

Service	Available	Comments
Three meals available, plus snacks	Required	Meal plans available
Breakfast available in community space	X	
Breakfast available; delivered to apartment	X	Catered Living and Enhanced Living; Additional fee for Individualized Health Services
Lunch available in community space	X	
Lunch available; delivered to apartment	X	Catered Living and Enhanced Living; Additional fee for Individualized Health Services
Dinner available in community space	X	
Dinner available; delivered to apartment	X	Catered Living and Enhanced Living; Additional fee for Individualized Health Services
Meal tray delivery and pick-up from resident's unit	X	Catered Living and Enhanced Living. Additional fee for Individualized Health Services
Meal preparation in resident's unit	X	Additional fee for Individualized Health Services, Simple meal preparation only
Thickened Liquids; specify limits in comments	X	Catered Living and Enhanced Living
Modified Texture Diets; specify limits in comments	X	Enhanced Living and Catered Living
Therapeutic Diets: cardiac		Self monitoring options available
Therapeutic Diets: diabetic or calorie controlled		Self monitoring options available
Therapeutic Diets: gluten-free		Self monitoring options available
Therapeutic Diets: high fiber		Self monitoring options available
Therapeutic Diets: low fat/low cholesterol		Self monitoring options available
Therapeutic Diets: low sodium		Self monitoring options available

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Service	Available	Comments
Therapeutic Diets: no added salt		Self monitoring options available
Therapeutic Diets: renal diet		Self monitoring options available
Other special diets: kosher		Self monitoring options available
Other special diets: (vegetarian, vegan, etc.) specify in comments		Vegetarian and vegan options available
Dietitian or Nutritionist Services	X	Additional fee for service
Carbohydrate intake/tracking		
Meal consumption tracking		
Other; specify:		


## Section 8: Supportive Services

Check each service available at the location(s) listed above.

### Supportive Services Available

Service	Available	Comments
Daily "I'm okay" checks service; specify procedure in comments	X	Daily checks in Assisted Living Apartment Tower (High Rise), daily care in Enhanced Living and Catered Living
Assistance with meals or food preparation	X	Additional fee for Individualized Health Services
Daily Social and Recreational Services	Required	
Housekeeping: bed making	X	Additional fee may apply
Housekeeping: defrost and clean refrigerator	X	Additional fee may apply
Housekeeping: dusting	X	
Housekeeping: organize closets and drawers	X	Additional fee may apply

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Service	Available	Comments
Housekeeping: trash removal; specify frequency in comments	X	Weekly
Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum)	X	
Housekeeping: other; specify in comments	X	Additional services are available for a fee
Laundry: linen (change bed, launder sheets, towels)	X	Additional fee applies for Assisted Living Apartment Tower (High Rise) 
Laundry: wash, dry, and fold clothing; specify loads per week in comments	X	Additional fee applies for Assisted Living Apartment Tower (High Rise)
Laundry: other; specify in comments	X	Additional services are available for a fee
Schedule offsite social and recreational activities	X	
Schedule medical and social service appointments	X	Additional fee for Individualized Health Services
Assistance with arranging transportation for personal, social, and recreational activities	Required	
Assistance with arranging transportation to medical and social services appointments	Required	
Provide transportation to social and recreational activities	X	Additional fee may apply
Provide transportation to medical and social service appointments	X	Bus transportation included; escort/transporter may be an additional fee
Assistance accessing community resources and social services	Required	
Shopping: facility sponsored	X	Additional fee may apply
Spiritual Care/Religious Services; on-site	X	
Assistance with bill paying/budgeting		
Communication boards or other supplemental communication devices	X	
Primary languages spoken by staff	X	
Supervision of smoking		

Service	Available	Comments
Other; specify:		

### Section 9: Staffing

Check each option available at the address location(s) listed above.

#### Staffing Available

Staffing	Available	Comments
One-to-One staffing available		
One-to-One staffing for special circumstances		
Overnight companion		
Registered Nurse: on-site “part time”		
Registered Nurse: on-site “full time”	X	
Licensed Practical Nurse: on site “part time”		
Licensed Practical Nurse: on-site “full time”	X	
Assisted Living Director: on-site “part time”		
Assisted Living Director: on site “full time”	X	
Advanced Practice Registered Nurse: on-site “part time”	X	
Advanced Practice Registered Nurse: on site “full time”		
Activities Director: Part Time		
Activities Director: Full Time	X	
Dietician/Nutritionist consultant available or can be arranged	X	

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Staffing	Available	Comments
Physical Therapist available or can be arranged	X	If ordered, outpatient service
Respiratory Therapist available or can be arranged		
Occupational Therapist available or can be arranged	X	If ordered, outpatient service
Speech Language Pathologist available or can be arranged	X	If ordered, outpatient service
Social Worker available or can be arranged	X	
Other Licensed Professional available; specify type in comments	X	Part-time Integrated Health Specialist; additional fee may apply
Other; specify:		

## Section 10: Amenities

Check each option available at the location(s) listed above.

### Amenities Available

Amenity	Available	Comments
Accessible bathrooms; specify limits in comments	X	Elevated toilets, grab bars, Enhanced Living has wheelchair accessible sink; roll in showers in Catered Living, Enhanced Living, & the Salon
Private units	X	
Semi-private units	X	
Studio/efficiency units	X	
One-bedroom units	X	Located in the Assisted Living Apartment Tower (High Rise)
Two-bedroom units	X	Located in the Assisted Living Apartment Tower (High Rise)
Kitchen/Kitchenettes in units	X	Assisted Living Apartment Tower (High Rise) full size kitchen; Catered Living Center has in-unit refrigerators
Internet access	X	

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Amenity	Available	Comments
Cable (television)	X	
Pets allowed	X	Per ADA, Emotional Support and Service Animals
Pet care; specify in comments		
Pool		
Whirlpool	X	Additional fee for Individualized Health Services
Exercise Room	X	
Library	X	
Activity Room	X	
Garden/outdoor spaces	X	
Chapel	X	
Private entertaining space	X	
Communal Dining room	X	
Beauty/Barber Shop	X	Additional fee
Parking available for residents	X	Additional fee
Parking available for guests	X	
Guest accommodations	X	Additional fee for guest apartments
Laundry Room accessible to Residents	X	
Washer-Dryer in units	X	In select Assisted Living Apartment Tower (High Rise)
Central Air Conditioning	X	
Fully sprinklered building	X	

Amenity	Available	Comments
Designated smoking area inside (not apartment space)		
Designated smoking area outside		
Other; specify:		

## Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\)](#) ([www.revisor.mn.gov/statutes/cite/144G.55](http://www.revisor.mn.gov/statutes/cite/144G.55)).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident’s assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident’s needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: [www.MinnesotaHelp.Info](http://www.MinnesotaHelp.Info)
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document. This is NOT a contract to receive services.

\_\_\_\_\_  
Received Date

\_\_\_\_\_  
Individual or Legal/Designated Representative